

lowing should see something of the light of day, if no more than through reading by yourself and June Harris, to whom I am sending a copy.

One of our medical staff, affectionately called "Dan" Boone, has just been operated on for rectal fistula and abscess. G. Creswell Burns, M. D., of our medical staff, wrote him as follows:

(COPY)

Dear Dan:

I wouldn't know what kind of flowers to buy for you, so yesterday I acted on an inspiration and the following is the result. I had a little struggle with the words but finally whipped them into shape. If you don't like this, I'll send you some flowers!

THE BATTLE OF THE WEEK

"Fall in!" the Captain of the Blood Stream cried.
"Be quick! The bugs are ready for the blast;
They took him by surprise, the rats—they tried
To catch him unawares—"Come men, work fast."

"Where to?" the Sergeant of the Leucos yipped.
"The caudal front," the Captain blurped, and then
He muttered low, "Or is it rear?—Oh, skip it—
Perineum Highway Number 10."

So, millions of them rallied through the day.
No need for firm persuasion—"He's all right!
For Daniel's sake!" they sang and sailed away.
"Stamp out the germ invasion! Phagocyte!"

The fight was on, but Dan was not so sure
Which side was friendly to him—which was foe.
He wanted pretty much to find a cure,
For he was feeling like a so and so.

They struggled on. Great guns! And what a fuss!
Dan writhed and shouted, "Cut it out, you fools!"
He couldn't stand the germs, but then the pus
Was just as bad. "Help! Someone get the tools!"

So, cut it out they did and was Dan glad!
"He doesn't seem to like our help," the Leucos cried.
"Why, yes I do," Dan said so glum and sad,
"But listen, fellows, go away!" he sighed.

So all is calm now on the caudal front.
Dan rests in peace, all pain is gone at last.
The Army is retreating and the stunt
Put on for Dan's sweet benefit is past.

Leucocytically yours,

G. C. B.

Regards and best wishes,

Cordially,

GLENN MYERS, M. D.

Subject: Premarital Wassermann Work.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
SACRAMENTO

San Francisco, March 15, 1940.

George H. Kress, M. D.,
California Medical Association,
450 Sutter Street, San Francisco, California.

Dear Doctor Kress:

I am returning the copies of papers and letters from Mr. M. Anderson Thomas, attorney at law, in reference to premarital Wassermann work.

I find that the private laboratories are now doing about 62 per cent of the tests, while the public health laboratories are doing the remainder.

Provision is made on the back of the blanks sent out for the physician to state whether the patient is indigent or not. Same is signed by the doctor, so we presume those we receive come from people who cannot afford to pay for Wassermann tests.

I have talked the matter over with Mr. Thomas and explained to him that this Department has no particular desire to do premarital Wassermanns. However, we feel it is our duty to take care of those referred to us by physicians for patients who have not the money to pay a private laboratory.

Cordially yours,

W. M. DICKIE, M. D.,

Director of Public Health.

313 State Building.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.

San Francisco

Autopsies: Authorization by Next of Kin

The following questions sometimes arise in a physician's practice and in the management of hospitals:

1. Have the next of kin of a deceased person the authority to order or authorize an autopsy to be performed upon the body?

2. When difficulty is encountered in contacting the true next of kin, may such authorization be made by the next of kin within the state or vicinity?

3. Must consent always be obtained?

Although, in the United States of America, private autopsies are commonly performed at the instance of the next of kin, the writer has found no California law expressly granting to any private citizen the right to order an autopsy. In fact, taking the statutes upon their face, the law appears to give the coroner exclusive power to order autopsies, dissections, etc. To find legal provision for private authorization of autopsies, one must resort to the common law.

In England, the cradle of the modern common law, there was in legal contemplation, no ownership by anyone of the body of a deceased person. All matters pertaining to the burial of the dead from a very early date were handled by the ecclesiastical courts as distinguished from the common law courts, and, therefore, the only possible property right in the remains of a deceased person was that of the church. The repudiation of ecclesiastical law and courts by the American colonies left the temporal courts the sole protector of the dead and their living next of kin. The temporal courts of this country developed the logical rule that the right to the custody and burial of the remains of a deceased person is vested in the next of kin, and it is from this rule that authority to order private autopsies must be inferred, if such authority is to be found. Also, as the next of kin are the only ones entitled to the possession of the body, they are the only ones who can complain of an injury to the same and, therefore, it has been a general practice to proceed with the autopsy when all possible complaint from this source has been removed.

In California the statutes bearing upon the subject are as follows:

Section 7100 of the Health and Safety Code provides that unless other directions have been given by the de-

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

cedent, the right to control the disposition of the remains vests in the following persons in the order named:

- (a) The surviving spouse;
- (b) The surviving child or children of the decedent;
- (c) The surviving parent or parents of the decedent;
- (d) The person or persons respectively in the next degree of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.

Section 10400 of the same code provides that a medical certificate must be signed by the physician in attendance at the time of death with certain exceptions, one of which is where the attending physician is unable to state the cause of death.

Section 10425 of the same code in setting forth the duties of the coroner provides that he shall make out the death certificate in certain situations, one of which is where the attending physician is unable to state the cause of death.

Since by Section 7100, set forth above, California has designated the particular persons who are to be given the custody of the body, it may be inferred that those persons have a right to order autopsies. At least, they are the only persons who would have a legal right to complain should an autopsy be performed.

What should be done in case the next of kin in the order named in Section 7100 are out of the state or for some other reason not available? Although it might be argued that in some instances a semi-emergency would then exist, giving to the next available kin the right to order the autopsy, the code sections themselves point a safer course. Since Section 10425 provides that when the attending physician cannot state the cause of death, the coroner shall make out the death certificate, authorization should be sought from the coroner. It has been held in *Gray vs. Southern Pacific Company*, 21 Cal. App. (2d) 240, that a coroner, in order to enable him to ascertain the cause of death as required by Section 10425, has an implied authority to open the body.

The final question stated above, namely, "Must the consent of someone *always* be obtained?" is necessarily answered in the negative, in view of what has already been said.

It is the writer's opinion that no reliance should be placed upon the theory of emergency and that whenever possible authorization should be obtained from the coroner, even though the next of kin have consented.

Postponed Feedings After Pylorotomy.—Neither food nor water should be given to infants for about twenty-four hours after pylorotomy, an operation to correct an abnormally narrow opening of the stomach into the small intestine, Harold K. Faber, M. D., and Joseph H. Davis, M. D., San Francisco, recommend in *The Journal of the American Medical Association*.

When this principle is followed vomiting has been considerably lessened and no serious difficulties after operation have been encountered, they state.

From their investigations of ten infants the authors conclude that after pylorotomy as well as other abdominal operations the wave-like contractions (peristalsis) by which the stomach empties its contents into the intestine are inhibited for from twenty-four hours to three days. Hence the practice of giving no food or water during the first day after operation should apply to pylorotomy as well as to other abdominal operations.

They point out that today infants requiring pylorotomy rarely come to the surgeon in the state of extreme malnutrition and lack of water which was common a few years ago and which made the administration of food and fluid by mouth at the earliest possible moment seem exceptionally urgent.

DISPOSAL OF CREMATED HUMAN REMAINS

California Statutes in Regard Thereto

In compliance with a request for an opinion relative to the proper disposal of cremated human remains in California, in accordance with the provisions of the Health and Safety Code, Attorney-General Earl Warren has issued an opinion. The questions asked of the Attorney-General and his opinion covering the matter follow:

1. Is there now a limited time within which undertakers may store ashes in their own vaults?
2. Must ashes stored by undertakers in their own vaults before enactment of the Health and Safety Code be removed? If so, how soon?
3. Can cremated remains which have heretofore been removed to the private premises (home) of an individual for storage, be removed to another state or into another registration district without securing a burial or removal permit issued by local registrars of vital statistics? (Section 7055, Health and Safety Code.)
4. Can ashes (cremated) be scattered on the ocean or any other place outside the incorporated limits of a city or county?
5. Does Section 7054, Health and Safety Code, prohibit interment of human ashes except in a cemetery in a city or county?

In reply, Section 8341 of the Health and Safety Code requires the interment in a plot, of all cremated human remains not removed for interment or other disposition elsewhere within a reasonable time following cremation.

It is a codification of former Section 5 of the General Cemetery Act of 1931, which was prospective rather than retrospective in operation. Though it suggests that reduced remains of a body may only be removed for interment, which term is defined in Section 7009 of the Health and Safety Code as consisting of cremation, inurnment, entombment or burial in a cemetery (Section 7003), other provisions of the Health and Safety Code, which are in *pari materia* therewith, suggest that such a strict construction was never contemplated by the legislature.

Section 7017 of the Health and Safety Code is a codification of Section 24 of the General Cemetery Act of 1931, and defines a "temporary receiving vault" as a "vault used or intended to be used for the temporary placement of human remains." Such a vault is not required to be in a cemetery, nor does it come within the definition thereof. As this section is found in Division VII of the Health and Safety Code, which relates to "dead bodies," it indicates that the legislature recognized that cremated human remains might be temporarily placed in vaults following their reduction to ashes.

The Code does not indicate how long ashes may be stored or placed in vaults and you are therefore advised that, in lieu of any expressed limitation, persons lawfully in possession thereof, including undertakers, might keep cremated human remains for a reasonable time in contemplation of eventual disposition thereof. The questions as to what are reasonable and what are unreasonable periods of time are questions of fact which must be disposed of as they arise. It should be borne in mind that the statute can have no retrospective operation prior to 1931. What has just been stated is applicable to ashes stored after 1931 and before the enactment of the Health and Safety Code as well as to those ashes stored or kept since the effective date of said code. (September 19, 1939.)

These sections must be read together with Section 7500 of the Health and Safety Code.

The latter section permits the removal of cremated remains from a cemetery, which includes a columbarium, upon the written order of the health department having

(Continued in Back Advertising Section, Page 40)

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DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Text Page 201)

jurisdiction or of the superior court of the county in which the cemetery is situated. This section requires any person who removes any cremated remains from a cemetery to keep and maintain a true and correct record showing:

1. The date such remains were removed;
2. The name and age of the person removed, when these particulars can be conveniently obtained, and the place to which the remains were removed;
3. The cemetery and the plot therein in which such remains were buried.

The remainder of such section requires a record to be kept of any disposition of the cremated remains other than by interment. This latter requirement must be read as a qualification of the third provision above noted. That is to say, that if the cremated remains are not buried in a plot in a cemetery, the person otherwise disposing of the same must keep a record of the method, manner and place of disposition thereof. Such person, according to the same section, must deliver to the cemetery authority operating the cemetery from which the remains were removed, a true, full and complete copy of such record.

What has hereinbefore been stated disposes of the second question asked by you.

Your third question as to whether cremated remains may hereafter be removed from private premises into an-

other state or registration district without securing a removal permit is answered in the negative. This requirement is statistical in character and has for its purpose the location or tracing of a body to its last resting place or ashes to the place of their final disposition. It has no bearing on the protection of the public or of public welfare, save as indicated.

Whether cremated ashes may be scattered on the ocean or in unincorporated areas presents a question to which we have given great consideration.

The subject of cremation was considered by the Supreme Court of this state in *Abbey Land and Improvement Co. et al. vs. The County of San Mateo et al.*, 167 Cal. 434. There Mr. Justice Shaw said:

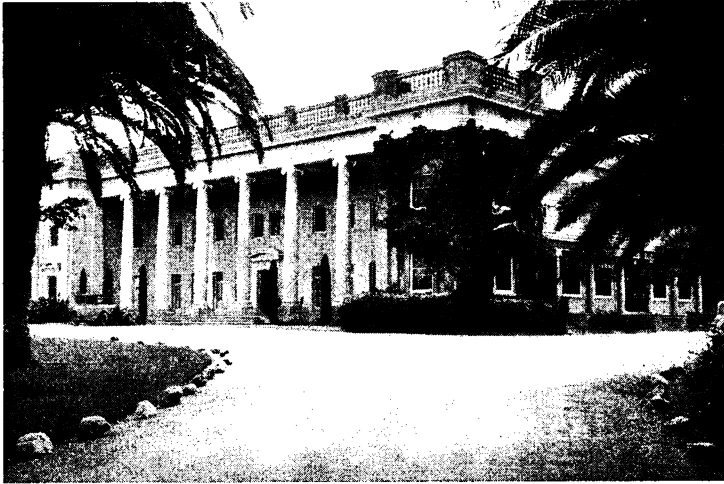
"The practice of cremation has been revived in civilized communities in comparatively recent times, and it is advocated mainly on the ground that it is safer for the living, more sanitary, than ordinary burial in a cemetery. (7 Ency. Brit., 11 ed. 403, article on 'Cremation.') The practice has become general, and crematories are now so common in many of the larger cities of the United States that the courts may take judicial notice of the usual method of operation. The corpse is placed in a crucible, entirely closed except the necessary vents for the escape of gases, and there subjected to intense heat, whereby, in a few hours, at most, it is entirely consumed, or reduced to ashes. The resulting gases are necessarily free from disease germs. . . ."

"By means of cremation a human body is reduced in the space of an hour into harmless gases and a small amount of clear white ash." (Report of Cremation Society of England, 1909, page 7.)

"When all is over, nothing remains but a few fragments of calcined bones and delicate white ashes perfectly pure

(Continued on Next Page)

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 Supt. and Medical Director

DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Preceding Page)

and odorless." (Augustus G. Cobb in *Earth, Burial and Cremation*, Putman, 1892, page 111.)

From the above it is evident that cremated human remains are no different from any other ashes or reduced remains, except in so far as the known presence thereof might be distasteful to and affect the peace of mind or tranquillity of living members of society.

There is no section of the Health and Safety Code which directly prohibits the deposit, disposal, or scattering of cremated human remains in unincorporated areas or in the sea.

Section 7054 of said code, however, reads as follows:

"Every person who deposits or disposes of human remains, in any place within the corporate limits of any city,

or city and county, except in a cemetery, is guilty of a misdemeanor."

This section has its apparent counterpart in former Penal Code Section 297, which was enacted in 1874, and reads as follows:

"Every person who shall bury or inter, or cause to be buried or interred, the dead body of any human being, or any human remains, in any place within the corporate limits of any city or town in this state, or within the corporate limits of the city and county of San Francisco, except in a cemetery, or place of burial now existing under the laws of this state, and in which interments have been made, or that is now or may hereafter be established or organized by the board of supervisors of the county, or city and county, in which such city or town, or city and county is situate, shall be guilty of a misdemeanor."

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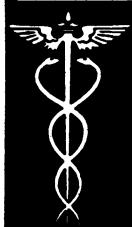
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When enacted, it referred to dead bodies and not to ashes or cremated remains. It was only of recent years that cremation has been accorded secular countenance. (*Reg. vs. Price*, 12 O. B. 247, 8 Eng. Rul. Cas. 467; *Abbey Land Co. vs. San Mateo Co.*, *supra*; Jackson, *The Law of Cadavers* (1936), p. 68.) In addition, we know of our own knowledge that cremation was not in general use in the year 1874 in California, and hence cannot be assumed to have been in the minds of the legislature at the time of the enactment of said section.

We would hence have no trouble construing the expression "human remains" as used in Section 7054 of the Health and Safety Code in the same way as the same expression would be construed in Section 297 of the Penal Code, were it not for the fact that Section 7001 of the codification provides that "human remains" include "cremated remains."

The Supreme Court has said the legislature is clothed with power in enacting laws to determine what measures are necessary for the promotion of the general welfare. We must, hence, conclude Section 7054 of the Health and Safety Code was deemed necessary by the latter body. The case entitled *Matter of Miller*, 162 Cal. 687, suggests a legislative determination must not be set aside or disregarded unless it is clearly and palpably wrong and the error appears beyond reasonable doubt from facts or evidence which cannot be controverted.

However, our construction must be consistent with other sections of the Code permitting the retention of human ashes in temporary receiving vaults and the disposition of ashes in the manner permitted by Sections 7055 and 7500 of the Health and Safety Code.

The latter sections impliedly permit the scattering of ashes.

Section 7054 does not prohibit the temporary keeping, within the corporate limits of a city and county, of ashes for eventual disposition, or scattering.

We do not think the legislature intended to grant a privilege in one breath and take it away in the next, nor do we believe such a temporary keeping constitutes that character of depositing or disposing which the legislature had in mind when it adopted Health and Safety Code Section 7054.

We must assume the legislature considered such things as the climatic conditions existent throughout this state and elsewhere at various seasons of the year and recognized the impracticability of requiring the immediate and permanent disposition of human ashes.

It is the duty and obligation of this office to adopt constructions which will harmonize enactments with the consti-

(Continued on Next Page)

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of \$—— to be known as the —— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of \$——, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the —— Gift, the following described real property situate in the County of ——, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

* These Bequest Forms were discussed editorially in *CALIFORNIA AND WESTERN MEDICINE*, for March, 1936, p. 145, and June, 1936, p. 460.

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DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Preceding Page)

tutional limitations upon legislative power (*Wines vs. Garrison*, 190 Cal. 650), and will not result in either absurdities or inconsistencies. (*Carpy vs. Dowdell*, 129 Cal. 244).

So construed, you are advised that ashes or cremated human remains may be obtained by those entitled thereto and temporarily kept for permitted eventual disposition—even though so kept in an incorporated city or city and county.

Your fifth query is one that should properly be referred to the courts rather than be the subject of an opinion by this office. There is a serious question as to whether the permanent deposit of human ashes may be permitted in a crematorium, columbarium or cemetery located within the corporate limits of a city and prohibited elsewhere in the said city. We are informed certain recognized religious groups practice as part of their faith the deposit of their ashes after death in churches, temples, and tabernacles. Also, that the denial of such privilege is repellent to their religious views.

It is recommended that a court decision be secured by any interested parties on the last discussed question.

Drug Store "Back Counter Prescribing."*—Venereal disease quackery is on the increase and today constitutes one of the major obstacles to the public health control of syphilis and gonorrhea, officers of the U. S. Public Health Service stated recently in a nation-wide NBC broadcast.

* Press release from the Federal Security Agency, U. S. Public Health Service, Washington.

Drug store "back counter prescribing" has increased substantially during the past several years. Many different "patent remedies"—produced both locally and on a national scale—are on the market and sold in large volume. There is indication that the sales curve has been rising during the past six or eight years.

Large numbers of unethical practitioners—"men's specialists," herbalists, mail order experts—are active, although quack advertising has apparently decreased in volume.

More persons evidently are going to drug stores and quacks for diagnosis and treatment of venereal disease than are going to reputable physicians. Exploitation of persons who are—or think they are—sick with gonorrhea or syphilis runs into tens of millions of dollars annually.

These trends were reported today in a survey conducted by the American Social Hygiene Association in cooperation with the United States Public Health Service ("Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhea," by Mary S. Edwards, Statistician, and Paul M. Kinsie, Chief of Field Study of the American Social Hygiene Association; published in the January, 1940, issue of *Venereal Disease Information* of the Public Health Service).

Personal interviews by trained investigators posing as "friends" of presumably infected persons were carried on in 1,151 drug stores in thirty-five cities in twenty-six states. Sixty-two per cent of the drug stores visited diagnosed the diseases and offered to sell remedies for alleged syphilis or gonorrhea, especially the latter. Thirty-one per cent did not attempt to diagnose, but stocked and were willing to sell bottled remedies, especially when asked for them by name. About half of those who sold remedies urged the inquirer to see a doctor. Only 7 per cent of the entire number refused to diagnose or sell remedies.

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About thirty different preparations were found to be generally available as remedies throughout the nation. Only three or four were recognized drugs, the remainder consisting of completely worthless mixtures as far as any effect on syphilis or gonorrhea was concerned. Mixtures made from such ingredients as boric acid, berberin, glycerin, etc., of only a few cents value are sold at prices ranging from \$1 to \$3 a bottle.

A similar survey of counter prescribing was made in 1933, and comparison of data indicates a rise in illegal practices. In 1933, 51 per cent of drug-store clerks interviewed were counter-prescribing; in 1939, 62 per cent. In 1933, 17.5 per cent did not diagnose but would sell remedies on request; in 1939, 31 per cent fell in this group. In 1933, 32 per cent refused to diagnose or sell remedies; in 1939, only 7 per cent.

"Since quackery, like bootlegging, is an undercover racket, it is difficult to measure in volume," the authors point out. They report, however, extensive advertising by quack doctors in local dailies, the foreign language and Negro press, and in pulp periodicals. Advertising, however, seems to be less extensive than ten years ago.

In eighteen cities no advertising specialists were found in the time allotted to study. In seventeen of the thirty-five cities, forty-four advertising "men's specialists" were found, and forty-eight herbalists. All of the former and thirty six of the latter were personally visited by investigators posing as patients.

"It was the opinion of these observers," the survey states, "that people today are not as gullible as in former years in regard to the extravagant claims of street guides and handbills. In their actual ignorance, however, they are in great numbers attracted into pretentious looking offices equipped with all sorts of electrical devices in which a

dignified staff offers free consultation service and x-ray diagnosis for \$1 and \$2.

"The patient's ailment, real or imaginary, seems of secondary importance. The substance of the first question is generally, 'How much can you pay?' however guarded the language. Discreet inquiries are made relative to the patient's earnings, and tentatively a monthly fee is mentioned.

"One quack in a western city said bluntly: 'If I told you I'd cure you for \$300, could you pay it? Have you got that much? Could you raise it? Well, why ask a foolish question? You say you make \$100 a month. You pay me \$30 each month and I'll tell you when I think you are cured.'"

Inquiries were made of 1,156 "men on the street" for advice about what to do for a general disease. "Treat yourself" or "Go to the drug store," was the advice of 65 per cent. Only 31 per cent suggested going to a physician or clinic, and 3 per cent didn't know what to do. A comparable study in 1933 of 2,175 individuals revealed less "bad advice"; 57 per cent, more good advice; almost 40 per cent, about the same ignorance.

"Obviously," the authors conclude, "a huge educational task yet remains to teach the general public not only the facts about syphilis and gonorrhea, but also the necessity of seeking qualified medical care."

Advertising "specialists" and herbalists were not only visited personally, but letters were written to them by an investigator posing as a patient with symptoms suggestive of syphilis or gonorrhea. In every case a prompt reply offered a remedy at prices ranging from \$1.00 to \$15, or a "course" of treatment, usually for a higher figure.

The 1933 survey queried 5,300 druggists to determine how many persons applied for venereal disease remedies.

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Colfax School for the Tuberculous

COLFAX, CALIFORNIA

◀ There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

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ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

COMPTON SANITARIUM (For Mental Illness) LAS CAMPANAS HOSPITAL (A General Hospital) COMPTON, CALIF.

1052 West 6th Street Los Angeles

Telephone Michigan 3454

GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors

RESIDENT MEDICAL STAFF

G. Creswell Burns, M.D. Russell Johnson, M.D.
Helen Rislow Burns, M.D. Robert M. Newhouse, M.D.
Byron L. Stewart, M.D.

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On the basis of this sample, it was estimated that 700,000 persons believing themselves to have syphilis, and 4,200,000 with possible gonorrhea, inquired at drug stores. This compares with estimates showing that about one million persons with old and new cases of syphilis go to doctors for treatment each year for the first time, and about 1,600,000 persons with gonorrhea seek treatment for the first time each year.

"If five million infected persons," the report points out, "apply at drug stores annually, if nearly every city supports a number of quacks and charlatans with business prosperous enough to pay for a tremendous volume of advertising in newspapers and magazines, if despite court judgments against them manufacturers can still make and sell over long periods of years a multitude of bottled 'remedies,' these indications alone point to a huge bill paid by the sick public for a cruel and dangerous racket. That this figure must amount to tens of millions of dollars is certain."

Three lines of remedial action are suggested:

1. Suppression of the quack druggist and continued information for all druggists, through schools of pharmacy, pharmaceutical associations, and trade and professional journals.
2. Eradication of quackery—both the unethical practitioner who directly dispenses so-called treatment and the mail order medical man.
3. Education of the public.

States and cities surveyed in the study were: Alabama, Mobile and Montgomery; California, Los Angeles and San Francisco; Colorado, Denver; Connecticut, New London; Florida, Pensacola; Georgia, Atlanta; Indiana, Gary and Indianapolis; Louisiana, New Orleans; Maryland, Baltimore; Maine, Portland; Massachusetts, Springfield; Minnesota, Minneapolis, St. Paul and Duluth; Mississippi, Gulfport; Missouri, St. Louis and Kansas City; Nebraska, Omaha; Ohio, Cleveland; Oklahoma, Oklahoma City; Oregon, Portland; Pennsylvania, Erie, Pittsburgh and Philadelphia; Rhode Island, Providence; Tennessee, Memphis; Texas, El Paso and Houston; Utah, Salt Lake City; Virginia, Norfolk; Washington, Seattle; Wisconsin, Milwaukee.

Rabies Can be Eliminated.—Rabies, or hydrophobia, can be eliminated from the United States as it has been from other countries if citizens will cooperate with the authorities in rigid control of dogs and in prompt attention to dog bites, which are usually responsible for this disease in human beings, Dr. W. E. Aughinbaugh of New York declares in the March issue of *Hygeia*, the health magazine.